

## 29.0.0 ELIGIBILITY AND REVIEW DATES

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### 29.1.0 Begin Dates

Certify a person for MA with a begin date of the first day of the month in which s/he met all eligibility conditions.

**Example.** A client reduces countable assets so they no longer exceed the asset limit. MA begins on the first of the month in which her assets met the asset requirement.

Below are the exceptions to the first of the month policy. When all eligibility requirements are met, MA will not begin on a date earlier than:

1. **AFDC-MA** - The date of the child's deprivation.
2. **Community Waivers** - The program start date provided by the care manager.
3. **Deductible** - The date the deductible was met.
4. **EBD** - The disability onset date.
5. **Family Care MA and Family Care non-MA** - The Family Care enrollment date.
6. **Inmates** - The date the client is no longer an inmate of a public institution.
7. **Institutionalized** - His/her entry into the nursing home or hospital.
8. **Newborn** - The date the child was born.
9. **Person Adds** - The date the person moved into the household.
10. **Pregnant Woman** - The client's pregnancy date if eligibility is dependent on the pregnancy.
11. **QMB** - The first of the month following the eligibility determination (27.9.1).
12. **Recent Moves** - The date the client moved to Wisconsin.
13. **SeniorCare** – The first of the month following the month in which all eligibility requirements have been met (41.5.1).
12. **Wisconsin Well Woman Medicaid** - Certify the client for 12 months beginning with and including the certification

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### 29.1.0 Begin Dates (cont.)

month. Backdate to whichever is more recent:

- Up to three months prior to the filing date.
- To the first day of the month in which the date of the diagnosis occurs.
- January 1, 2002.

#### 29.1.1 Backdates

If certifying for retroactive MA, do not go back further than the first of the month, three months prior to the application month.

A backdate request can be made at any time, except in the case where backdating the client's eligibility results in a deductible for the backdated period.

If a client has incurred a bill from a MA certified provider during a backdate period, instruct the client to contact the provider to inform them to bill MA. The client may be eligible to receive a refund of a portion of the amount billed from the provider.

**Example.** AI applied for MA on April 6<sup>th</sup>, and was found eligible for CARES category MS. At the time of application, AI did not request a backdate.

AI finds out in September that he had bills in February. AI can ask to have his eligibility backdated through February. AI meets all non-financial and financial eligibility criteria in the months of February and March. His worker certifies him for MS for both months.

If AI had excess income for either February or March, he could not receive backdated coverage for February or March, because a six-month deductible period could not be established.

#### 29.1.1.1 Assets

A person's asset eligibility in a backdate month is determined by whether or not s/he had excess assets on the **last day of the month**. If s/he had excess assets on the last day of the month, s/he is ineligible for the entire month. If s/he was asset eligible on the last day of the month, s/he is eligible for the whole month.

#### 29.1.1.2 BadgerCare

There is no backdating for BadgerCare.

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### 29.1.1.3 *Family Planning Waiver (FPW)*

There is no backdating for Family Planning Waiver (42.3.0).

### 29.1.1.4 *QMB*

There is no backdating for QMB (27.10.1).

### 29.1.1.5 *SeniorCare*

There is no backdating for SeniorCare (41.5.1).

## 29.2.0 Review Dates

A review is the process during which you reexamine all eligibility factors subject to change and decide if eligibility continues. The group's continued eligibility depends on its timely completion of a review. Each review results in a determination to continue or discontinue assistance. Provide a positive or negative notice before the end of the current eligibility period once you have completed the review.

### 29.2.1 Not Time Limited Cases

The first required eligibility review for all MA cases that are not time limited is 12 months from the certification month.

### 29.2.2 Time Limited cases

Time limited cases are pregnant women, continuously eligible newborns, deductibles and extensions.

#### 29.2.2.1 *Newborns*

Schedule the review date for 12 months from the date of birth.

#### 29.2.2.2 *Pregnant Women*

Schedule the review date within two months of the pregnancy's end.

#### 29.2.2.3 *Deductible*

Do not schedule a review for a case that did not meet its deductible unless someone in the case was open for MA, or is open for another program. For cases that did meet the deductible, schedule the review date for six months from the start of the deductible period.

#### 29.2.2.4 *Elderly, Blind, Disabled (EBD)*

Review Elderly, Blind, Disabled (EBD) cases within 12 months from the eligibility date, unless an earlier disability review is indicated.

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### 29.2.2.5 Agency Option

The agency may review any case at any other time when the agency can justify the need.

### 29.2.2.6 AFDC MA Extensions

Set the review date for 12 months from the certification month. The following are AFDC MA 12-month extensions (9.3.0):

- \$30 and 1/3.
- \$30 disregard ended.
- Increased hours of employment.
- Increased earnings.
- Increased earnings along with other income (changed or unchanged).

See 9.6.0 for instructions for determining whether a child support extension should last for 4 or 12 months.

### 29.3.0 Choice of Review

The client has the choice of the following methods for any MA only review:

1. Face-to-Face Interview.
2. Mail-In.
3. Telephone Interview.

A face-to-face review is not required for any type of MA.

### 29.4.0 Review Processing

CARES sends a notice of review the first Friday of the month before the review month. Do not schedule the review until the month that the review is due. For example, if CARES sends out the review letter on July 7<sup>th</sup> for a review due in August, do not schedule the review until August.

Do not require someone to witness the signature of an authorized representative when the person signing the review is the same person who signed the most recent application or review.

### 29.4.1 Grace Month

A “grace month” is a one-month extension beyond the review month of MA eligibility when a client is late in completing his/her review or has missed his/her review. The grace month can be viewed on MMIS screen RE. CARES will continue to show the actual review date for these assistance groups (AGs), but will not close the AG until the end of the

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### 29.4.1 Grace Month (cont.)

grace month.

All AGs of MA will receive the grace month, including Medicare Beneficiaries, except for:

- Those AGs that are receiving time-limited MA (29.2.2),  
**and**
- Women that are in the FPW extension phase (42.9.0).